

For official use only:

Customer Name

Customer No.

PD F 5446 E

Department of the Treasury
Bureau of the Public Debt
(Revised February 2007)

TreasuryDirect®

OFFLINE TRANSACTION REQUEST

OMB No. 1535-0138

Use this form to request transactions involving on-line E, EE, and I savings bonds, and Treasury bills, notes, bonds, and TIPS, and/or a TreasuryDirect account, which cannot be completed online. ***If a decedent's estate is involved, see the instructions for examples of when this form may or may not be used.***

Carefully read all of the instructions before completing this form and only complete the Parts of the form that apply to the transaction(s) requested. Parts A and F must be completed for ALL transactions.

At a glance.....

<i>If you are the.....</i>	<i>and are requesting.....</i>	<i>then complete Parts</i>	<i>and also provide this evidence:</i>
Account Owner or Parent of a Minor Account Owner	Change/Correct Account Name	A, E, and F	None required
	Correct Social Security Number	A, E, and F	
	Correct Date of Birth	A, E, and F	
	Remove Hardlock	A and F	
Account Owner or Parent of a Minor Account Owner and the Security is a Restricted, Converted Security	Transfer	A, C, and F	If the non-converting coowner or beneficiary is deceased, a certified copy of his/her death certificate
	Edit	A, D, and F	
Surviving Secondary Owner or Beneficiary, Including Non-Converting Coowner or Beneficiary	Redemption or Sale	A, B, and F	A certified copy of the decedent's death certificate
	Transfer	A, C, and F	
Non-Converting Coowner or Beneficiary	Edit Registration	A, D, and F	None required
Legal Representative or Legal Guardian Formally Appointed by the Court and Still Acting	Redemption or Sale	A, B, and F	A certified copy of your Letters of Appointment, dated within one year of submission
Person Entitled to Securities Due to Distribution of an Estate by a Legal Representative or Restoration to Competency or Attainment of Majority when a Legal Guardian has been Formally Appointed	Redemption or Sale	A, B, and F	A certified copy of the legal representative's or legal guardian's letters of appointment dated within one year of submission, certified copies of death certificates for all deceased registrants, and a PD F 1455 showing distribution.
	Transfer to Person (s) Entitled	A, C, and F	
Attorney-in-Fact	Redemption or Sale	A, B, and F	A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable State law
	Transfer	A, C, and F	
	Edit Registration	A, D, and F	
	Change/Correct Account Name	A, E, and F	
	Correct Social Security Number	A, E, and F	
	Correct Date of Birth	A, E, and F	
Person(s) Entitled through Judicial Proceedings	Redemption or Sale	A, B, and F	A certified copy of the court approved document authorizing the transaction
	Transfer to Person(s) Entitled	A, C, and F	
Person Entitled to Securities Belonging to a Decedent's Estate When a Legal Representative Has Not Been/ Will Not Be Appointed and the Estate Is Not Being Settled in Accordance with State Statute	Redemption or Sale	A, B, and F	A certified copy of the decedent's death certificate and properly completed PD F 5336 showing distribution
	Transfer to Person (s) Entitled	A, C, and F	

PART A

Account Owner's Name: _____
Account Number: _____

ACCOUNT AND TRANSACTION INFORMATION

1. TREASURYDIRECT® ACCOUNT INFORMATION

Account Number: _____

Account Owner's Name: _____
(First Name) (Middle Name/Initial) (Last Name)

Account Owner's Social Security Number: _____

2. TRANSACTIONS REQUESTED (*check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Redemption of on-line E, EE, or I savings bonds. | <input type="checkbox"/> Transfer of an on-line E, EE, or I savings bond to another on-line TreasuryDirect account. Complete Part C-1. |
| <input type="checkbox"/> Edit the registration of existing on-line E, EE, or I savings bonds. | <input type="checkbox"/> Transfer of an on-line Treasury bill, note, bond, or TIPS to another on-line TreasuryDirect account. Complete Part C-1. |
| <input type="checkbox"/> Change/Correct Account Owner's name. | <input type="checkbox"/> Transfer of an on-line Treasury bill, note, bond, or TIPS to a Legacy Treasury Direct Account. Complete Part C-2. |
| <input type="checkbox"/> Correct Account Owner's social security number. | <input type="checkbox"/> Transfer of an on-line Treasury bill, note, bond, or TIPS to a financial institution. Complete Part C-3. |
| <input type="checkbox"/> Correct Account Owner's date of birth. | <input type="checkbox"/> Remove hardlock. |
| <input type="checkbox"/> Sale of an on-line Treasury bill, note, bond, or TIPS. | |

3. CAPACITY OF APPLICANT (S) (*check all that apply*) (*Supporting evidence is often required; see the instructions.*)

- ☐ Account Owner
- ☐ Surviving secondary owner or beneficiary
- ☐ Non-Converting coowner or beneficiary
- ☐ Legal Representative of the estate of _____
- ☐ Legal Guardian of the estate of _____
- ☐ Person(s) entitled as shown on PD F 1455
- ☐ Parent of a minor Account Owner
- ☐ Attorney-in-Fact
- ☐ Person(s) entitled through Judicial Proceedings
- ☐ Person(s) entitled to decedent's estate as shown on PD F 5336
- ☐ Other (specify) _____

PART B

Account Owner's Name: _____

Account Number: _____

REDEEM ON-LINE E, EE, OR I SAVINGS BONDS OR SELL ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS

Complete a separate Part B for each separate redemption/sale request and/or if the number of securities to be redeemed/sold is more than can be described in the space provided.

I request redemption of the on-line E, EE, or I savings bonds, or the sale of Treasury bills, notes, bonds, or TIPS indicated below:

1. Description of Securities

Confirmation Number	Portion to be Redeemed/Sold (if neither block is checked, redemption/sale in FULL will be assumed)
	<input type="checkbox"/> Redemption/Sale of security in FULL OR <input type="checkbox"/> Redemption/Sale of security to the Extent of \$ _____
	<input type="checkbox"/> Redemption/Sale of security in FULL OR <input type="checkbox"/> Redemption/Sale of security to the Extent of \$ _____
	<input type="checkbox"/> Redemption/Sale of security in FULL OR <input type="checkbox"/> Redemption/Sale of security to the Extent of \$ _____
	<input type="checkbox"/> Redemption/Sale of security in FULL OR <input type="checkbox"/> Redemption/Sale of security to the Extent of \$ _____
	<input type="checkbox"/> Redemption/Sale of security in FULL OR <input type="checkbox"/> Redemption/Sale of security to the Extent of \$ _____

2. Payee Information

(Name)

(Social Security Number) OR _____
(Employer Identification Number)

3. Direct Deposit Instructions

I request that the proceeds from the redemption/sale be deposited to:

(Name(s) on the Account)

(Depositor's Account No.)

Type of Account: ☐ Checking ☐ Savings

Bank Routing No. _____

(Financial Institution's Name)

(Phone Number)

TRANSFER AND SALE AUTHORIZATION

I/We request the securities described above be transferred from my identified TreasuryDirect® account to the Federal Reserve Bank of Chicago (FRB Chicago). I/We also authorize FRB Chicago, as fiscal agent of the United States, to sell the above-identified securities and to charge a transaction fee for each security which will be deducted prior to depositing the settlement amount due me/us. I/We understand FRB Chicago will make a reasonable effort to obtain a price quote from at least three (3) government securities dealers and will sell the securities to the dealer with the highest price quote for next day settlement. I/We agree to accept the price received by FRB Chicago from the dealer selected as having the highest price quote. I/We understand the Treasury Department and FRB Chicago will not be liable for changes in market conditions affecting the price received for the securities, or for any loss, which I/we may incur as a result of the transaction or the inability of FRB Chicago to complete the transaction.

PART C-1

Account Owner's Name: _____

Account Number: _____

TRANSFER ON-LINE E, EE, OR I SAVINGS BONDS, OR ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS, TO ANOTHER TREASURYDIRECT® ACCOUNT

Complete a separate Part C-1 for each separate transfer request and/or if the number of securities to be transferred is more than can be described in the space provided.

I request/consent to transfer of the following-described on-line Treasury securities as indicated in Item 2.

By submitting this form, I certify that I understand the securities described will be removed from my account and transferred to the recipient's TreasuryDirect Account. I also understand the registration of the transferred securities will be changed to show the owner of the account receiving the securities as the single owner.

If this is a savings bond transaction, I certify that this transfer is either for the purpose of making a gift or is in response to a final judgment, court order, divorce decree, or property settlement agreement.

TAX LIABILITY: I certify that I understand this transaction may be reported to the Internal Revenue Service and that this transfer may result in a tax liability.

1. Description of Securities

Confirmation Number	Portion to be Transferred (if neither block is checked, transfer in FULL will be assumed)
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____

2. Transfer Instructions

Transfer security(ies) to:

Account Number: _____

Account Owner's Name: _____
(First Name) (Middle Name/Initial) (Last Name)

Account Owner's Social Security Number: _____

PART C-2

Account Owner's Name: _____
Account Number: _____

TRANSFER ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS, TO A LEGACY TREASURY DIRECT® ACCOUNT

Complete a separate Part C-2 for each separate transfer request and/or if the number of securities to be transferred is more than can be described in the space provided.

I request/consent to transfer of the following-described on-line Treasury bills, notes, bonds, or TIPS, as indicated in Item 2.

1. Description of Securities

Confirmation Number	Portion to be Transferred (if neither block is checked, transfer in FULL will be assumed)
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____

2. Transfer Instructions

TRANSFER TO A LEGACY TREASURY DIRECT ACCOUNT NUMBER

LEGACY TREASURY DIRECT ACCOUNT NUMBER _____ (May be left blank if New Account Request [PD F 5182] is attached.)

ACCOUNT NAME

} Identify the Legacy Treasury Direct account to which you want your securities transferred.

TAXPAYER IDENTIFICATION NUMBER (IF AVAILABLE)

1st Named Owner _____ OR _____
Social Security Number Employer Identification Number

PART C-3

Account Owner's Name: _____
Account Number: _____

TRANSFER ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS, TO A FINANCIAL INSTITUTION

Complete a separate Part C-3 for each separate transfer request and/or if the number of securities to be transferred is more than can be described in the space provided.

I request/consent to transfer of the following-described on-line Treasury bills, notes, bonds, or TIPS, as indicated in Item 2.

1. Description of Securities

Confirmation Number	Portion to be Transferred (if neither block is checked, transfer in FULL will be assumed)
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____

2. Transfer Instructions

TRANSFER TO A FINANCIAL INSTITUTION (Before completing, see instructions.)

ROUTING NUMBER _____

FINANCIAL INSTITUTION WIRE NAME _____

SPECIAL HANDLING INSTRUCTIONS _____

PART D

Account Owner's Name: _____

Account Number: _____

EDIT THE REGISTRATION OF EXISTING ON-LINE E, EE, OR I SAVINGS BONDS, OR TREASURY BILLS, NOTES, BONDS, OR TIPS

Complete a separate Part D for each new registration requested and/or if the total number of securities being edited is more than can be described in the space provided.

I request/consent to edit the registration of the following-described on-line E, EE, or I savings bonds, or Treasury bills, notes, bonds, or TIPS, as indicated in Item 2.

1. Description of Securities

Issue Date of E, EE, and I	CUSIP Number of Treasury bills, notes, bonds, and TIPS	Confirmation Number	Registration

2. New Registration Requested

Owner/Primary Owner: _____
(First Name) (Middle Name/Initial) (Last Name)

Social Security Number: _____ (required)

The following person is to be named as: ☐ Secondary Owner
☐ Beneficiary

Name: _____
(First Name) (Middle Name/Initial) (Last Name)

Social Security Number: _____ (required)

PART E

Account Owner's Name: _____
Account Number: _____

CHANGE OR CORRECT ACCOUNT INFORMATION

1. Change Account Owner's Name

I certify that the Account Owner's name has been legally changed by:

☐ Marriage ☐ Divorce ☐ Adoption ☐ Naturalization ☐ Court Order

☐ Other (explain) _____

to _____
(Furnish the New Legal Name)

2. Correct Account Owner's Name

I certify that the Account Owner's name is incorrectly shown on the account.

The Account Owner's correct legal name is: _____.

3. Correct Account Owner's Social Security Number

I certify that the Account Owner's social security number is incorrectly shown on the account.

The Account Owner's correct social security number is: _____.

4. Correct Account Owner's Date of Birth

I certify that the date of birth shown for the Account Owner on the TreasuryDirect® Account is incorrect and that the Account Owner's correct date of birth is: _____.

(Month/Day/Year)

PART F

Account Owner's Name: _____
Account Number: _____

SIGNATURES AND CERTIFICATIONS

The undersigned certify under penalty of perjury that the information provided herein is true and correct to the best of our knowledge and belief and agree to distribution of the securities as indicated. We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or checks.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: ⇒ _____
(Signature) _____ Daytime Telephone No. _____

(Number and Street or Rural Route, City, State, and ZIP Code)

Sign Here: ⇒ _____
(Signature) _____ Daytime Telephone No. _____

(Number and Street or Rural Route, City, State, and ZIP Code)

Applicant to contact if additional information is necessary: _____
(Name, daytime telephone number, and e-mail address, if applicable)

Certifying Officer – Each individual must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____, _____
(Month) (Year)
at _____, and signed this form.
(City) (State)

(Signature of Certifying Officer)

**(OFFICIAL STAMP
OR SEAL)**

(Title of Certifying Officer)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____, _____
(Month) (Year)
at _____, and signed this form.
(City) (State)

(Signature of Certifying Officer)

**(OFFICIAL STAMP
OR SEAL)**

(Title of Certifying Officer)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

INSTRUCTIONS

COMPLETE ONLY THE PARTS OF THE FORM THAT APPLY TO THE TRANSACTION (S) REQUESTED

USE OF FORM – Use this form to request transactions involving on-line E, EE, and I savings bonds, Treasury bills, notes, bonds, or TIPS, and/or a TreasuryDirect® account which cannot be completed online. **Complete a separate PD F 5446 for each TreasuryDirect account number.**

If a decedent's estate is involved, this form may ONLY be used in the following cases:

- A legal representative has been appointed and is still acting and the legal representative wishes to redeem securities. The legal representative must use a PD F 1455 to distribute the securities to the persons entitled. The persons entitled may then use this form to request transfer or payment of securities.
- A legal representative has not been appointed to settle the decedent's estate but the person entitled to the securities wishes to request transfer or payment of securities. (Use a PD F 5336 to distribute the securities to the person(s) entitled if the redemption value of all securities owned by the decedent does not exceed \$100,000. Estates with securities valued over \$100,000 must be formally administered through the court and an administrator, executor, or similar representative appointed.)

If a decedent's estate is involved, this form may NOT be used in the following cases:

- The decedent's estate was formally administered through the court and has been closed (use PD F 5394).
- The decedent's estate is being settled in accordance with State statute such as Summary Administration, Small Estates Acts, Texas Muniment of Title, Louisiana Judgment of Possession, etc., without the necessity of the court appointing an administrator, executor, or similar legal representative (use PD F 5394).

PART A	ACCOUNT AND TRANSACTION INFORMATION (Complete this Part for ALL transactions)
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- 1. TreasuryDirect Account information** – Provide the TreasuryDirect Account Number and the Account Owner's Name and Social Security Number.
- 2. Transactions Requested** – Mark the appropriate box to show the type of transaction requested. You can mark more than one box, if multiple transactions are requested.
- 3. Capacity of Applicant(s)** – Mark the box that best describes the capacity in which you are acting. You can check more than one box, if applicable. **Provide any necessary evidence, as described below:**

If you check this box.....	then you must also provide this evidence.....
Account Owner or Parent of a Minor Account Owner and the Security is a Restricted, Converted Security	If the non-converting coowner or beneficiary is deceased, a certified copy of his/her death certificate.
Surviving Secondary Owner or Beneficiary Including Non-Converting Coowner or Beneficiary	A certified copy of the decedent's death certificate.
Legal Representative	A certified copy of your Letters of Appointment, dated within one year of submission.
Legal Guardian	A certified copy of your Letters of Appointment, dated within one year of submission.
Person (s) entitled as shown on PD F 1455	A certified copy of the legal representative's or legal guardian's letters of appointment dated within one year of submission, certified copies of death certificates for all deceased registrants, and a PD F 1455 showing distribution.
Attorney-in-Fact	A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable State law.
Person(s) Entitled through Judicial Proceedings <i>(The persons shown to be entitled are making this request in connection with a legal proceeding or court order involving the Owner/Primary Owner of the on-line E, EE, or I savings bonds, Treasury bills, notes, bonds, or TIPS, such as divorce decree, court approved property settlement agreement, levy, money judgment, bankruptcy proceeding, etc.)</i>	A certified copy of the court approved document authorizing the transaction.
Person (s) entitled to decedent's estate as shown on PD F 5336	A certified copy of the decedent's death certificate and properly completed PD F 5336 showing distribution.
Other	A copy of the evidence that establishes your authority to request the transaction. If filed with a court, the evidence must be under court seal.

PART B	REDEEM ON-LINE E, EE, OR I SAVINGS BONDS OR SALE OF ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS
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1. Description of Securities – List the confirmation number for each security that you are requesting redemption/sale of in whole or in part. For each security listed, indicate whether you are requesting redemption/sale in full or in part by checking the appropriate box in the column next to the security confirmation number. If you don't check either box, we will assume redemption/sale in full is desired.

If partial redemption of E, EE, or I savings bonds is requested, check the appropriate box and specify the amount you are requesting be redeemed. You can request partial redemption of a bond as long as the amount that you are requesting is redeemed is at least \$25.00 or more and the redemption value of the remaining portion of the bonds is not less than \$25.00. For example, you can request partial redemption of a bond that has a value of \$67.12 to the extent of any amount from \$25.00 to \$42.12. A bond must have a current redemption value of at least \$50.00 or more before you can request partial payment. All redemptions will be comprised of principal and a proportionate amount of interest.

Check the appropriate box to transfer and sell a portion of the Treasury bills, notes, bonds, or TIPS in your account.

NOTE: The amount to be transferred and sold and the amount remaining in the CUSIP must satisfy both the minimum and multiple holding requirements for the security.

If you list a Confirmation Number for a matured CUSIP that has been re-invested, or is within 10 days of reinvestment, FRB Chicago will transfer and sell the current or the new CUSIP number and indicated dollar amount.

IMPORTANT NOTICES

- The Treasury Department and FRB Chicago will not be liable for changes in market conditions affecting the price received for the security, or for any loss, which you may incur as a result of the transaction or the inability of FRB Chicago to complete the transaction.
- Only original signatures will be accepted (stamped signatures are not acceptable).
- If you are a corporation with a governing body, a resolution or a PD F 5189 must accompany this form.
- If any person signing this form is acting in a fiduciary capacity, failure to provide legal evidence may delay processing.

This form will not be accepted with alterations or corrections.

TRANSFER AND SALE AUTHORIZATION

Please carefully read this section before signing the form, as it describes the nature of the transaction authorized.

You are transferring the identified securities to FRB Chicago for the sole purpose of having the securities sold. You are authorizing the identified securities, once transferred, to be sold by FRB Chicago. A transaction fee will be charged (see **FEES** for further information). Because FRB Chicago enters into an agreement to sell the securities on the same day that it receives the securities, the authorization for the sale and transfer of the securities becomes irrevocable when the transfer from your TreasuryDirect® account to the account of FRB Chicago is made. FRB Chicago will make a reasonable effort to obtain a price quote from at least (3) government securities dealers and will sell the securities to the dealer with the highest quote for next day settlement. You agree to accept the price received by FRB Chicago from the dealer selected as having the highest price quote. On the next full business day after the trade date, the settlement amount will be released electronically by FRB Chicago to the account at the financial institution currently designated to receive your TreasuryDirect payments. The Treasury Department and FRB Chicago will not be liable for changes in market conditions affecting the price received for the securities or for any loss, which you may incur as a result of the transaction or the inability of FRB Chicago to complete the transaction.

In the event FRB Chicago is unable to obtain at least one quote for the securities, the securities will be returned to your TreasuryDirect account on the next full business day following the receipt of the securities by FRB Chicago, and FRB Chicago will notify you. No transaction fee will be charged.

FEES – A transaction fee for the service will be charged for **each** security sold on your behalf. (A security is considered as any amount within a TreasuryDirect account, which is identified by a separate confirmation number.) The FRB Chicago will deduct the fee prior to depositing the settlement amount (also referred to as “net amount”) to the account at the financial institution currently designated to receive your TreasuryDirect payments. The amount of the fee is published by notice in the Federal Register.

SETTLEMENT AMOUNT – The settlement amount (also referred to as “net amount”) minus the transaction fee will be credited by direct deposit (electronic funds transfer) to the account at the financial institution currently designated to receive your TreasuryDirect payments.

2. Payee Information – Furnish the name and taxpayer identification number of the payee. Furnish the social security number if the payee is an individual. If payment is being requested to an estate and the IRS has assigned an employer identification number, provide that number.

Part B continued next page

3. Direct Deposit Instruction – Furnish information on the bank account where the payment is to be direct deposited. All payments must be made by direct deposit to a designated bank account.

All persons requesting redemption must sign in Part F of the form. If payment is to be deposited to a bank account in the name of a different person, then that person or his/her representative, who can authorize such a deposit, must also sign in Part F.

**PART C-1, C-2,
AND C-3**

TRANSFER ON-LINE E, EE, OR I SAVINGS BONDS OR ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS

1. Description of Securities – List the confirmation number for each security that you are requesting transfer of in whole or in part. For each security listed, indicate whether you are requesting transfer in full or in part by checking the appropriate box in the column next to the security confirmation number; if you don't check either box, we will assume transfer in full.

If partial transfer of E, EE, or I savings bonds is requested, check the appropriate box and specify the amount you are requesting be transferred. You can request partial transfer of a bond as long as the amount that you are requesting be transferred is at least \$25.00 or more and the redemption value of the remaining portion of the bonds is not less than \$25.00. For example, you can request partial transfer of a bond that has a value of \$67.12 to the extent of any amount from \$25.00 to \$42.12. A bond must have a current redemption value of at least \$50.00 or more before you can request partial transfer. Transfer will be comprised of principal and a proportionate amount of interest.

If partial transfer of Treasury bills, notes, bonds, or TIPS is requested, check the appropriate box and specify the amount you are requesting be transferred. Enter only the amount being transferred (in \$1,000 increments) and list the confirmation number. **NOTE: The amount to be transferred and the amount remaining in the CUSIP must satisfy both the minimum and multiple holding requirements for the security.**

2. Transfer Instructions:

Part C-1 – TRANSFER ON-LINE E, EE, OR I SAVINGS BONDS, OR ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS, TO ANOTHER TREASURYDIRECT® ACCOUNT

- TreasuryDirect ACCOUNT NUMBER – Enter the number of the account to which the securities are being transferred. If you are the legal representative of a decedent's estate transferring securities to the person entitled, and he/she does not have a TreasuryDirect account and does not wish to open one, show "none" in the space for the ACCOUNT NUMBER.
- ACCOUNT OWNER'S NAME – Enter the account owner's name or the name of the person entitled.
- ACCOUNT OWNER'S SOCIAL SECURITY NUMBER – Enter the account owner's social security number or the social security number of the person entitled.

Upon transfer, the registration of the securities will be changed to show the owner of the recipient account as the single owner.

Part C-2 – TRANSFER ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS TO A LEGACY TREASURY DIRECT ACCOUNT

- Legacy Treasury Direct ACCOUNT NUMBER – Enter the number of the account to which the securities are being transferred. If a new account has not yet been established, please leave the ACCOUNT NUMBER blank and include a completed *New Account Request* (PD F 5182).
- ACCOUNT NAME – Enter the ACCOUNT NAME (registration) as shown on the transferee's *Statement of Account* or, in the case of a new account, on the *New Account Request* (PD F 5182).
- TAXPAYER IDENTIFICATION NUMBER – If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the account to which the securities are to be transferred.

Part C-3 – TRANSFER ON-LINE TREASURY BILLS, NOTES, BONDS, OR TIPS TO A FINANCIAL INSTITUTION

Contact the financial institution for their "Book-Entry" delivery instructions. **Please note: Securities CANNOT be transferred to a checking or savings account.** Provide the following information:

- ROUTING NUMBER – ABA (identification) number of the financial institution receiving the securities.
- FINANCIAL INSTITUTION WIRE NAME – Provide the institution's "Book-Entry" delivery instructions. Instructions include the receiving bank's name and safekeeping account number OR the receiving bank's name and the brokerage firm's name (these must be in the approved telegraphic abbreviation "short" form).
- SPECIAL HANDLING INSTRUCTIONS – The customer name and account number at the financial institution for delivery of securities and any other instructions required by your financial institution, such as the name and telephone number of the person to be contacted at the financial institution for questions about the securities.

Part C-3 continued next page

Examples: To a financial institution for safekeeping:		To a financial institution for transfer to a brokerage firm:	
Routing Number:	XXXXXXXXXX	Routing Number:	XXXXXXXXXX
Financial Institution Wire Name:	ABC BK/TRUST	Financial Institution Wire Name:	ABC/CUST/BRKG
Special Handling Instructions:	FURTHER CREDIT TO JOHN DOE	Special Handling Instructions:	FURTHER CREDIT TO JOHN DOE
	TRUST ACCOUNT NUMBER XXXXXX		BROKERAGE ACCOUNT NUMBER XXXXXX

Note: All scheduled reinvestments will be cancelled at the time of transfer.

PART D	EDIT THE REGISTRATION OF EXISTING ON-LINE E, EE, OR I SAVINGS BONDS, OR TREASURY BILLS, NOTES, BONDS, OR TIPS
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- 1. Description of Securities** – Describe the securities on which you want to edit the registration.
- 2. New Registration Requested** – Provide the complete name and social security number of the Owner/Primary Owner. The Account Owner must be named as the Owner/Primary Owner in the registration of on-line securities held in his/her current holdings. If a secondary owner or beneficiary is to be shown in the registration, check the appropriate box and provide the name and social security number of the person to be shown as the secondary owner or beneficiary.

PART E	CHANGE OR CORRECT ACCOUNT INFORMATION
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- 1. Change Account Owner's Name** – Complete this item if the Account Owner's name has changed by marriage, divorce, adoption, naturalization, court order, or some other valid reason. Indicate the manner by which the name changed and furnish the Account Owner's new legal name.
- 2. Correct Account Owner's Name** – Complete this item if an error was made in the Account Owner's name when the TreasuryDirect® Account was established. Furnish the Account Owner's correct legal name.
- 3. Correct Account Owner's Social Security Number** – Complete this item if an error was made in the Account Owner's social security number when the TreasuryDirect Account was established. Furnish the Account Owner's correct social security number.
- 4. Correct Account Owner's Date of Birth** – Complete this item if an error was made in the Account Owner's date of birth when the TreasuryDirect Account was established. Furnish the Account Owner's correct date of birth.

PART F	SIGNATURES AND CERTIFICATIONS (Complete this Part for ALL transactions)
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Signatures/Certifications – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in the officer's presence. The officer must then complete the certification form provided and imprint the seal or stamp required in certifying requests. For certifications within the United States, the certifying individual must be authorized to bind his/her institution by his/her acts and guarantee signatures to assignments of securities or certify assignments of securities. For a list of authorized certifying individuals and the required evidence of authority, see Title 31 CFR Part 363.

If you are a parent of a minor Account Owner, your signature certifies that you are requesting the transaction on the minor's behalf, for the minor's benefit.

Applicant to Contact – Furnish the name, daytime telephone number, and e-mail address, if applicable, of the applicant to contact if additional information is necessary.

Additional Evidence – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

Assembly of Form – Complete and submit only the Parts of the form that apply to the transaction(s) requested. Parts A and F must be completed and submitted for all transactions. Multiple copies of any Part may be completed and submitted together, if necessary. Attach all completed Parts together, in alphabetical order.

Where to Send – Send all completed Parts of the form, as well as any other forms and evidence, to:

DEPARTMENT OF THE TREASURY
BUREAU OF THE PUBLIC DEBT
PO BOX 7015
PARKERSBURG, WV 26106-7015

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31, which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND the completed form to the above address; send to the address shown in "Where to Send" in the instructions.**